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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 07/800,364 11/26/1991 PAT 5,688,678  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <i>edd</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 4
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**TITLE**  
 BONE AND CARTILAGE INDUCTIVE PROTEINS

<b>FILING FEE RECEIVED</b> 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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